

RFP 6-70
Questions and Answers

Q1. "Integrate the Indiana WIC marketing and outreach creative theme into the Indiana WIC page ..." seems to imply the Indiana WIC needs only a single web page, rather than a complete website redesign. Please clarify the specific needs and expectations of the Indiana WIC with regards to its website and this RFP - including the need for static html or dynamic database driven pages, web-based forms (Contact Us), etc.

A1. WIC needs general design guidelines and image files of the logo, fonts, color schemes, etc. so that we (ISDH-WIC) can incorporate them into the redesign of the web site.

Q 2. How may respondents receive copies of WIC current materials? (Food Card, ID Card, Brochures, Vendor Window Sticker, Vendor Shelf Tag, etc.)

A 2. Respondents may receive copies of the Food Card, ID Card, and 'Teddy Bear' Brochure at any WIC clinic. There is at least one clinic in every county. For clinic location information please see the website at <http://www.in.gov/isdh/programs/wic/index.htm> or call 1-800-522-0874.

Q 3. Is "raised awareness" among eligible Indiana residents the sole measure of success of the winning agency's marketing efforts? How will the State determine if the winning agency's marketing plan has raised awareness?

A 3. It is the intention of the Indiana WIC program to establish a new image through a logo, fonts, color schemes, etc. developed to represent Indiana WIC values. Raised awareness of the Indiana WIC program that results in increased and prolonged participation of eligible women, infants and children is the primary measure of success.

Q 4. Who is the primary WIC target audience for the purposes of this marketing RFP? (Retailers, physicians, agencies, eligible Indiana residents, or "other?")

A 4. The target audience is primarily low-income women of childbearing age and low-income moms of children 0 to 5 years old. Secondary audiences would be healthcare providers and other State programs (e.g. Food Stamps, Medicaid).

Q 5. In looking at the scope of work, the RFP calls for conferences/trade shows. Is the audience for these conferences and trade shows providers or consumers or both? Will you require four variations of a booth or four displays using the same artwork?

A 5. The conferences/tradeshows are usually targeted at the consumer but may also include healthcare providers. We do not require four variations of the displays. It may be beneficial to have two variations (one for the consumer and one for healthcare providers) but that is not required.

Q 6. Among the consumer audience, is language considered a barrier to achieving increased awareness statewide? Is WIC currently communicating at an acceptable level with Spanish-speaking Indiana residents? Are there other issues that pose barriers to communication?

A 6. Language is not currently considered a barrier to services. Indiana WIC clinics utilize interpreters and interpreter services as needed. When available, bilingual nutrition education materials are used.

Q 7. Is the requested “theme” for this marketing campaign only, or for the WIC program in general? Is there a predetermined duration for the theme?

A 7. It is the intention of the Indiana WIC program to establish a new image through a logo, fonts, color schemes, etc. developed to represent Indiana WIC values. There is no predetermined duration.

Q 8. The RFP mentions a redesign of current materials. Is it only design, or should we assume copywriting and editing for all materials?

A 8. Redesign would primarily be in design and input on key messages and wording. The majority of the content will be the responsibility of the Indiana WIC Program. Materials developed and produced with federal money (we are 100% federally funded through the USDA) are considered public domain and will not need copywriting.

Q 9. Please elaborate on the expected amount and type of work done on the WIC Web site. Should our proposal assume a complete Web site redesign? Would we provide general design guidelines, with your IT staff implementing our designs? Should we develop and include a new channel for eligible WIC clients to register online? (To our knowledge that is not currently possible.)

A 9. WIC needs general design guidelines and image files of the logo, fonts, color schemes, etc. so that we (ISDH-WIC) can incorporate them into the redesign of the web site. The development of an online prescreening is not within the scope of this RFP.

Q 10. Is the \$300,000 budget intended to cover agency/production fees and printing expenses for 12 or 24 months? Is it intended to cover mailing expenses for this period? If so, how should we calculate mailing expenses since we don't know specifics on mailing list size, frequency, or direct mail piece specifications? If the budget is intended to cover “the development/design and printing of a variety of Indiana WIC marketing and outreach materials and promotional items,” we will need more information since that description could cover any number and/or type of materials and associated costs. Please provide more specifics on type of materials, quantities, and purpose.

A 10. The \$300,000 budget is for 24 months. The Indiana WIC Program will distribute materials and therefore assume the cost of mailing expenses. The vendor should determine the number and type of materials.

Q 11. Can you provide examples of current materials that might provide a point of reference? How can the agencies responding to the RFP get copies of current materials prior to submitting a proposal?

A 11. Respondents may receive copies of the Food Card, ID Card, and ‘Teddy Bear’ Brochure at any WIC clinic. There is at least one clinic in every county. For clinic location information please see the website at <http://www.in.gov/isdh/programs/wic/index.htm> or call 1-800-522-0874

Q 12. For MBE / WBE requirement (i.e., approximate date subcontractor will perform work on this contract); what are contract dates? Is contract amount of \$300,000 for 1-year or 2-years?

A 12. The estimated contract dates are mid September 2006 to mid September 2008. The \$300,000 budget is for the 2 year period.

Q 13. Section 2.5 Cost Proposal, page 17: In order to meet your request for a detailed budget, please provide a comprehensive list of all deliverables required. Attachment D does not provide a list of specific materials, sizes, specs, quantities, etc. There are many factors involved in providing a detailed budget that the contracted vendor will be held accountable for and evaluated on, we will need additional information to provide a detailed budget.

A 13. The vendor is responsible for identifying the deliverables and specifics (types/quantities) needed.

Q 14. Will creative concepts be scored? If so, what category?

A 14. Yes. Creative concepts will be scored under the Management Assessment/Quality (Business and Technical Proposal) category.

Q 15. Could you please provide a list of those agencies that attended the Pre-RFP informational session?

A 15. The sign in sheet from the Pre-RFP list has been posted to the web along with this document.

Q 16. Who is current agency of record? How long have they had the contract? What is the current hourly rate that you are being charged for this contract?

A 16. There is no current agency of record.

Q 17. Do you currently place any advertising (print, radio, TV, outdoor)? If so, please describe.

A 17. No.

Q 18. If paid advertising is considered, would the media buy go through Asher as the state's media buyer?

A 18. Yes.

Q 19. How did you identify the 140,000 eligible participants (census, income, other?)

A 19. We obtained six 2000 census variables for each county or sponsoring agency: Total Population, Females, Females between 15-44, Children <= 5, Children in Poverty, Number of Individuals <185% of Poverty.

We also obtained from the 2005 WIC Participant files: The number of individuals served from each county, or city, in the case of E. Chicago.

Q 20. Do you have key markets for the 140,000 eligible participants?

A 20. Not at this time.

Q 21. In addition to low-income Women, Infants & children, can you provide more specific information on your target audience (age, race, income range, education, married/single)?

A 21. The low-income target audience encompasses all races and education levels of married/single/divorced women of childbearing age (13 to 45) and mothers of children 0 to 5 years old.

Q 22. What are your current outreach efforts?

A 22. There are not any current statewide outreach efforts. To date, outreach has been done at the local level.

Q 23. Is WIC or the vendor responsible for distributing literature, food cards, vendor window stickers, and shelf tags?

A 23. Indiana WIC is responsible for distribution of materials to WIC clinics and grocery stores/pharmacies.

Q 24. How do participants initially find out about WIC?

A 24. Usually by word of mouth (family members, friends) or Medicaid/Hoosier Healthwise/TANF.

Q 25. Do you have past research available for review?

A 25. No.

Q 26. Are current collateral materials available for review?

A 26. Respondents may receive copies of the Food Card, ID Card, and 'Teddy Bear' Brochure at any WIC clinic. There is at least one clinic in every county. For clinic location information please see the website at <http://www.in.gov/isdh/programs/wic/index.htm> or call 1-800-522-0874

Q 27. How many translations will need to be done?

A 27. Two: English and Spanish.

Q 28. Would contracted vendor be responsible for creating and managing special events / meetings?

A 28. No.

Q 29. What is greatest obstacle in reaching eligible participants (140,000)?

A 29. Lack of awareness.

Q 30. On page 3 of the RFP it states to "print a variety of Indiana WIC marketing and outreach materials and promotional items." What are the quantities/print runs of these items? What type of items/materials?

A 30. The vendor is responsible for identifying the deliverables and specifics (types/quantities) needed.

Q 31. In Attachment B page one, number 6: it mentions to "Develop and produce four (4) Indiana WIC marketing and outreach conference/trade-show displays." Will all 4 displays need to be separate designs, or 4 of the same?

A 31. The conferences/tradeshows are usually targeted at the consumer but may also include healthcare providers. We do not require four variations of the displays. It may be beneficial to have two variations (one for the consumer and one for healthcare providers) but that is not required.

Q 32. How detailed does the cost proposal need to be?

A 32. At a minimum, each deliverable should have an associated cost.

Q 33. What specific deliverables are required for the web page integration element of this RFP? Are we required to integrate the design, provide Photoshop files, or just ideas? If we do need to integrate, what is the current CMS system looks like, if there is one?

A 33. WIC needs general design guidelines and image files of the logo, fonts, color schemes, etc. so that we (ISDH-WIC) can incorporate them into the redesign of the web site. Please see <http://www.in.gov/isdh/programs/wic/index.htm>.

Q 34. Are the anticipated costs of printing materials included in the \$300K budget?

A 34. Indiana WIC will assume the cost of printing the redesigned materials. The cost of printing the initial roll out of the newly developed materials should be included in the \$300K budget.

Q 35. How many enrollment sites does WIC have across the state? Can we get locations within various media markets?

A 35. There are approximately 160 WIC clinics statewide (a minimum of one in each county).

Q 36. Is there an incumbent bidder for the WIC Marketing and Outreach program? If the answer is yes, who is that company or individual?

A 36. There is no incumbent bidder.

Q 37. The marketing plan will list certain tactics that will be required to carry out the goals. Will there be an opportunity to revise those tactics on an as-needed basis as the plan is rolled out?

A 37. Yes.

Q 38. The current WIC pages on the Indiana State Department of Health Web site list data from 2003 regarding the number of women, infants and children being served. Is more current or updated data available?

A 38. In 2005, there were approximately 135,000 participants. About 155,000 were enrolled.

Q 39. The WIC Web site lists the 5 A Day initiative with statistics from 2000. Is the WIC program still working with the Partnership for Better Health and the National Cancer Institute to educate Indiana residents on the importance of eating five servings of fruit and vegetables a day?

A 39. The Indiana WIC Program collaborates with the 5 A Day state coordinator, who works for the Community Nutrition Program at ISDH, to incorporate 5 A Day materials into the WIC program.

Q 40. What were the results of the 1996 Farmer's Market Nutrition Program listed on the WIC Web site? Are the interactive computerized kiosks with the FMNP information still in use?

A 40. The Indiana WIC FMNP staff, assisted by the Indiana Five a Day coordinator, developed a nutrition education/evaluation tool to be utilized at the nine WIC agencies who participated in the Indiana WIC FMNP project during the Summer of 1996. There doesn't seem to be a "kiosk" that was used. According to the outcome report the pre and post tests were given by interview with the participants that took five to ten minutes. Results: 1,837 pre/post tests were returned. 637 (34.7%) matched pretest. This set of matched contained 44 (7%) where the participants omitted one entire page on either the pre or posttest. The high rate of discard was due to failure to pair the pretest and post tests or to follow directions when the tests were administered.

77%- 1st year of FMNP, 40%-participated in another federal program. At pre test: 39.6% were receiving food stamps, 2% were enrolled in EFNEP and .5% were enrolled in FNP. At Posttest: 38.6% were receiving food stamps, .9% were enrolled in EFNEP and 1.4% were enrolled in FNP.

Barriers that kept them from eating as many fruits and vegetables as they thought they needed: Pretest 54%- believed they should be eating more fruits and veggies. Top 6 barriers- cost, eating habits, dislikes, lack of time, availability and failure to purchase. Posttest: 22% believed they should be eating more fruits and veggies. Same 6 barriers. In general, participants enjoyed shopping at the Farmers' Market. Majority (n=327) thought that the quality of fruits and veggies offered for sale at the market was better than that available at the regular grocery store. 47% (n=285) reported utilizing additional resources besides the vouchers to purchase fruits and vegetables at the farmers' markets. The majority 81.4% (n=232) reported spending money while 12.3% reported utilizing both food stamps and money and 6.3% reported utilizing food stamps alone in addition to the WIC FMNP vouchers for their purchases. The majority of respondents, 87% (n=490) reported that they would continue to shop at the Farmers' Markets with out WIC FMNP vouchers.

Most commonly eaten fruits were (descending order) apples, bananas, grapes, oranges, and strawberries. Veggies (descending order) corn, green beans, potatoes, carrots and broccoli (pre) or peas (post).

The majority, 87% (n=534) reported that they liked to try new foods. The fruit most often reported as recently tried was kiwi (n=184 pretest, n=33 post test) while vegetables most often reported as recently tried were celery (n=40, pretest) and summer squash (n=37, post test).

Q 41. How will you measure the success of the statewide marketing plan?

A 41. We will measure success by tracking participation rates of eligible women, infants and children.

Q 42. What are your goals for participation of eligible women, infants and children in the Indiana WIC program?

A 42. The goal is for a 2% increase in participation by FY 2009.

Q 43. Is there any current research available for our use in developing the statewide marketing plan?

A 43. No.

Q 44. Are there any specific geographic regions in the state that you are particularly targeting for increased participation?

A 44. Not at this time.

Q 45. What conferences or trade shows do you currently participate in?

A 45. Black Expo and local health fairs.

Q 46. Can you provide us a copy of the Indiana Office of technology (IOT) standards, policies and guidelines?

A 46. IOT standards, policies and guidelines, are online at <http://iot.in.gov/architecture/>.

Q 47. Who will be our day-to-day contact?

A 47. The primary contact is the State WIC Director.

Q 48. Your scope of work includes "Allow the Indiana WIC Director and Indiana WIC Management Staff to review and approve all draft materials." What is your current approval process and how many people are involved in approvals?

A 48. The WIC Director and two Program Managers will be involved in reviewing and approving draft materials (with input from the local agency coordinators and state nutritionists). ISDH also requires final review of materials be approved by the Office of Public Affairs. The ISDH logo and possibly the Indiana INShape logo will be required on all materials. USDA requires a civil rights statement on all materials.

Q 49. If our plan determines that paid advertising should be used to meet our objectives, will we be required to use a specific media-buying partner for that portion of the plan?

A 49. The State requires the use of Asher Agency for any media buys.

Q 50. How many copies of the materials do you expect the selected vendor to supply?

A 50. The vendor is responsible for identifying the specifics (types/quantities) needed.

Q 51. You specify that you want conference/trade show displays developed as part of the deliverables specified in the RFP. Is the selected vendor expected to pay for the production of these displays, or are you merely requiring the development and layout of these materials? Do you expect the selected vendor to staff the trade shows or conferences, or will that be the responsibility of WIC staffers?

A 51. It is expected that the selected vendor develop and produce the displays. We do not expect the selected vendor to staff any trade shows or conferences.

Q 52. Do we need to evaluate the effectiveness of the media campaign, or is that beyond the scope of this project?

A 52. At this time, the Indiana WIC Program plans to evaluate the effectiveness of the campaign by tracking participation rates. We may decide to extend the contract to include evaluation.

Q 53. Currently the WIC website address is: <http://www.in.gov/isdh/programs/wic/>. Are there plans to work with IOT to create a new URL such as: <http://wic.in.gov> ? This would make website marketability (as well as design elements for print materials) much more effective.

A 53. The Indiana WIC Program is open to exploring this idea with ISDH and IOT.

Q 54. Will the updated WIC website (integrating the new logo and marketing materials) need to reside within the blue themed framework of the Department of Health website as it does now, or can the new site have its own completely separate layout?

A 54. Yes, it must reside within the blue themed framework. For an example of a previous campaign integrated into the ISDH website please go to <http://www.in.gov/isdh/programs/FolicAcid/index.htm>

Q 55. What advertising and promotional media have you used in the past? Have you used radio, transit posters, or outdoor? Have you had a presence at State Fair or other public avenues?

A 55. To our knowledge, Indiana WIC has not used any of the above.

Q 56. What partnerships do you have in place with local businesses, convenience stores, banks or other institutions to assist you in awareness?

A 56. We do not have any partnerships to assist in awareness.

Q 57. What organizations have you worked with in the past for minority outreach?

A 57. To our knowledge, the Indiana State WIC office has not worked with any organizations for minority outreach.

Q 58. Have you ever approached any media companies for PSA's?

A 58. No

Q 59. Do you have a current email database for information sharing through the Department of Health agencies statewide or through Access Indiana?

A 59. We have an 'All WIC' email system for communication between the State WIC office and the Local WIC agency coordinators.

Q 60. What is the status of your lists and data?

A 60. We are not sure how to answer this question. We are not sure what is being asked.

Q 61. Have you identified a list of stakeholders and influencers statewide that would be beneficial to your awareness campaign? Do you want your agency to do that?

A 61. We have not identified a list of stakeholders and at this time we do not believe that we need such a list.

Q 62. Do you want recommendations on ROI for the campaign?

A 62. If the vendor feels this would be beneficial than it can be included but it is not required.

Q 63. Who are the agents of Department of Health who are in the field on a regular basis? Are they county directors, caseworkers, other? Will they participate in needs assessment based on recommendations made by the agency awarded this contract?

A 63. There are 52 local agency coordinators (some coordinators manage more than one clinic). There are approximately 160 clinics staffed with dietitians, nurses, and clerks. If a needs assessment is recommended, local agency coordinators would be involved.

Q 64. How do you plan to distribute the materials listed in the RFP? Do you have networks in existence?

A 64. Indiana WIC will distribute the materials to WIC clinics and WIC grocery stores/pharmacies. We do not have a network in existence.

Q 65. Do you have nutrition educators/specialists that travel the state for educational workshops? What do they typically do?

A 65. Indiana WIC at ISDH currently has 4 registered dietitians on staff and 1 health educator who conduct clinic reviews as well as local agency staff orientations & training.

Q 66. What are your goals in relation to reducing morbidity rates and improving health outcomes? How do you wish to measure and gauge these outcomes?

A 66. We do not currently have any specific goals related to reducing morbidity. We currently have three nutrition education goals that we monitor: 1. Reduction of children who are overweight or at risk for overweight, 2. Reduction of anemia in children, 3. Increase in the initiation and duration of breastfeeding.

Q 67. What measures do you now use to reduce health care costs?

A 67. There are no specific measures used to reduce health care costs.

Q 68. For what types of programs (health care cost reduction) will you want to create awareness?

A 68. We are not sure what this question is asking. WIC is one program. The following benefits are provided to WIC participants:

- Supplemental nutritious foods
- Nutrition education and counseling at WIC clinics
- Screening and referrals to other health, welfare and social services